



Medical

DRUG ABUSE TESTING PROGRAM

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This instruction implements AFD 44-1, *Medical Operations*, and prescribes the Air Force Drug Testing Program. It assigns responsibility for carrying out the program at base level. This instruction applies to all active duty Air Force members; Air Force Reserve members; Air National Guard members when receiving federal payments; applicants for the Armed Forces Academies, Advance Reserve Officers' Training Corps, regular Armed Forces, appointment or enlistment (or re-enlistment if discharged more than 6 months earlier) into Active or Reserve Components. It implements Department of Defense Directive (DODD) 1010.1, *Drug Abuse Testing Program* December 9, 1994. This instruction requires collecting and maintaining information subject to the Privacy Act of 1974. The authority for maintaining and collecting the information required by this instruction is in Public Laws 91-513 and 92-255; Chapters 13 and 16 of Title 21, United States Code (U.S.C.); Public Law 92-129; 5 U.S.C. 501; and 10 U.S.C. 8013. System of records notice F160 AF SG D applies. Send comments and suggested improvements on AF Form 847, **Recommendation for Change of Publication**, through channels, to HQ AFMOA/SGOC 110 Luke Avenue, Room 400, Bolling AFB, DC 20332-5113.

SUMMARY OF REVISIONS

★This revision updates responsibilities for oversight and administration of the Air Force Drug Testing Program to ensure effective deterrence and forensic value; mandates use of a set of performance metrics at the installation level and reduces reporting requirements; updates attachment 1, and includes information previously in AFI 36-2701, chapter 6.

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Section A—Program Objectives**1. Goals of the Drug Abuse Testing Program.**

- 1.1. Deterrence. Deter persons from drug and substance abuse.
- 1.2. Identification. Identify persons who need treatment and rehabilitation services.
- 1.3. Data Collection. Obtain data on the prevalence of drug abuse.
- 1.4. Rehabilitation Support. Provide drug testing services for rehabilitation.
- 1.5. Disciplinary Action Support. Develop evidence in support of administrative, rehabilitation services, separations, and actions under the Uniform Code of Military Justice.
- 1.6. Commander Support. Design flexible testing programs that meet the above goals and help commanders maintain the morale, welfare, and health of their commands.

Section B—Responsibilities**2. Responsibilities for the Drug Testing Program.****2.1. HQ USAF.**

- ★2.1.1. The Deputy Chief of Staff, Personnel (HQ USAF/DP) is the Office of Collateral Responsibility (OCR) for military drug testing, focusing on any personnel actions (retention, separation, PCS, TDY, etc.) for military personnel in the substance abuse intervention programs.
- ★2.1.2. The Air Force Surgeon General, through the Air Force Demand Reduction Program Manager (HQ USAF/SGOC):
 - 2.1.2.1. Designates the US Air Force drug testing laboratories.
 - ★2.1.2.2. Directs the Air Force Drug Testing Program and distributes minimum specimen allocations to major commands.
 - ★2.1.2.3. Assesses drug abuse trends.
 - ★2.1.2.4. Coordinates with DoD and other military services as needed.
 - 2.1.2.5. Prescribes and aggregates biometrics data on the testing program.
 - 2.1.2.6. Prescribes procedures for special testing situations not covered by this instruction.
 - ★2.1.2.7. Monitors laboratory quality control test results, to include review of quarterly quality control inspections and performance on external proficiency programs conducted by the Armed Forces Institute of Pathology.
 - ★2.1.2.8. Coordinates with SAF/FM and the Office of the Deputy Assistant Secretary of Defense (Drug Enforcement Policy and Support) for budget planning and execution.
- ★2.1.3. The Judge Advocate General (HQ USAF/JA) guides and assists HQ USAF/SG and HQ USAF/DP and major commands in managing legal aspects of the drug testing program.

2.2. MAJCOM.

- ★2.2.1. The command surgeon (SG) is the OPR for the command drug testing program and distribution of minimum specimen allocations to bases and receives input from base-level regarding unresolvable, base-level Drug Testing Program issues.
- ★2.2.2. The MAJCOM/DP is the OCR for personnel policy aspects of the MAJCOM drug testing program.
- ★2.2.3. The command Staff Judge Advocate (JA) is the MAJCOM OCR which guides and assists the command surgeon and command DP in managing the legal aspects of the MAJCOM drug testing program.
- 2.3. Armstrong Laboratory. Provides oversight and guidance on forensic and technical aspects of the Air Force Drug Testing Laboratory and contracting laboratories.

2.4. The Armed Forces Institute of Pathology. Conducts proficiency testing of the drug testing program in accordance with DoD assignment of responsibilities.

2.5. Base.

★2.5.1. The installation commander ensures cross-functional oversight of the installation drug testing program.

★2.5.2. The installation-level cross-functional oversight function:

★2.5.2.1. Ensures activities of medical, staff judge advocate, security policy, Office of Special Investigations, chaplain, and other agencies involved in drug abuse control programs are coordinated to ensure program objectives are met, including conduct of drug testing.

★2.5.2.2. Ensures that test level and type of test is appropriate to the threat and is consistent with Air Force policy. **NOTE:** Inspection testing should be the predominant type of test used.

★2.5.2.3. Ensures all personnel assigned to the installation, including tenant units, are subject to inspection testing, regardless of grade, status, or position.

★2.5.2.4. Ensures commanders and supervisors understand the program

★2.5.2.5. Ensures that staff agencies support the program

★2.5.2.6. Ensures that testing is used in conjunction with investigation and law enforcement as a counter-measure to drug abuse.

★2.5.2.7. Ensures that commanders refer for drug testing all incidents of known or suspected drug abuse or indication of deterioration of duty performance or behavior such as aggressive behavior, destruction of government/personal property, and failure to obey orders.

★2.5.2.8. Develops procedures to test individuals who are assigned to a base but physically reside in a geographically separated unit.

★2.5.2.9. Ensures adequate facilities are provided for the drug testing program

★2.5.3. The medical treatment facility (MTF) commander

★2.5.3.1. Serves as the OPR for the installation drug testing program.

★2.5.3.2. Appoints a Demand Reduction Program Manager.

★2.5.3.3. Appoints a Drug Testing Program Administrative Manager (and assistant if the size of the installation warrants).

★2.5.3.4. Appoints a medical review officer (MRO) who is a physician trained and certified to function as an MRO for the military drug testing program.

★2.5.4. The Demand Reduction Program Manager:

★2.5.4.1. Briefs unit commanders, first sergeants and supervisors on medical aspects of the drug abuse testing program.

★2.5.4.2. Supervises, directs, and assists with the military drug testing programs.

★2.5.4.3. Distributes minimum testing allocations to base level units according to Air Staff and MAJCOM guidance.

★2.5.4.4. Ensures prevention and education efforts are provided for active duty, Air Force civilian personnel, and dependent personnel.

★2.5.4.5. Takes appropriate action to ensure less than one percent of specimens are untestable by the laboratory.

★2.5.5. The Drug Testing Program Administrative Manager (DTPAM). The design of the Air Force Drug Testing Program requires that the person in this position be able to give the program first priority. In fulfilling his or her duties, the drug testing program administrative manager:

★2.5.5.1. Ensures specimens are collected, packaged and transported to the testing laboratory according to requirements of this instruction

★2.5.5.2. Monitors rate of untestable specimens, and ensures it remains at minimum levels.

★2.5.5.3. Verifies results are received for every specimen sent for testing.

★2.5.5.4. Ensures unit commanders, OSI, and base staff judge advocate are notified expeditiously of all MRO verified positive results, and samples determined by the laboratories to be either unfit for testing or not consistent with human urine.

★2.5.5.5. Safeguards the sensitive medical information that testing may generate according to applicable Public Health Service regulations pertaining to the confidentiality of alcohol and drug abuse patient records (42 CFR, Part 2).

★2.5.5.6. Uses the Air Force Drug Testing Program software for inspection (random) testing. Failure to use the software program does not invalidate any test results on specimens collected and tested.

★2.5.5.7. Ensures drug testing is conducted on randomly selected days, unknown by the tested population prior to notification; daily testing (excluding non-duty days) is recommended, but a minimum of 8 testing days per month is required.

★2.5.5.8. Makes notifications for drug testing to trusted agents, i.e., first sergeants or commanders by a confidential means. It is permissible to fax the personnel notification list to the trusted agent on the testing day.

★2.5.6. The Unit Commander:

★2.5.6.1. Provides credible observers who are NCOs or above and who have not been selected for testing in the same session as the one in which they are observers, when requested by the DTPAM.

2.5.6.2. Ensures all unit members are subject to inspection testing.

★2.5.6.3. Ensures unit members selected for drug testing are informed as soon as possible of the time and place of urine collection, and the need to present a valid military identification card or other picture ID at the time of urine collection. Members on crew rest, or otherwise unavailable due to mission requirements (e.g., flying), may be notified immediately after completing crew rest or becoming available for testing.

★2.5.6.4. Ensures that all members who are selected for testing report for specimen collection within two hours of the member's notification. Members who are in TDY or leave status, will be tested within two hours of the member's notification upon their return to duty, using the automated tracking provisions in the drug testing program software.

★2.5.6.5. Takes appropriate administrative or UCMJ action on personnel who fail to attend testing without a valid reason, such as TDY or leave.

★2.5.6.6. Ensures individuals who have submitted samples determined to be untestable, unfit for testing, or not consistent with human urine by the testing lab, due to adulteration or dilution shall be retested as an inspection by either consent or by direction of the commander.

★2.5.6.7. May order commander-directed drug testing. Commander-directed testing should be used as a last resort because the results cannot be used in actions under the Uniform Code of Military Justice, or to characterize a member's service either as general or under other than honorable conditions if the member is administratively separated. Commanders should attempt to obtain the member's consent, or consult with the Staff Judge Advocate to determine whether there is probable cause to direct a drug test before ordering a commander-directed test.

★2.5.7. The Staff Judge Advocate:

2.5.7.1. Ensures compliance with chain of custody collection procedures at base level under applicable DOD directives and Air Force policy.

★2.5.7.2. Advises commanders, the Demand Reduction Program Manager, and other base officials and agencies regarding legal aspects of the drug testing program.

2.5.7.3. Coordinates on all requests for drug urinalysis inspections, commander-directed examinations, and searches and seizures.

2.5.7.4. Receives copies of all requests by service members for independent retests.

2.5.7.5. Notifies the appropriate Air Force, Army DTL, or other certified laboratory to retain the specimen when a positive specimen needs to be retained beyond 60 calendar days for discharge or administrative action.

Section C—Procedures

3. Drug Abuse Testing Program Procedures.

3.1. Drug Detection Levels and Reporting Procedures. Laboratories will screen specimens by using an immunoassay (IA) process and criteria levels established by the DoD Drug Abuse Testing Program, unless another process has been previously approved by ASD(HA) for a particular drug.

3.2. Confirmation. Laboratory confirmation is performed by using gas chromatography/mass spectrometry (GC/MS), unless another confirmatory test has been previously approved by ASD(HA) for a particular drug.

3.3. Report of Positives. Within 2 workdays of receiving confirmation test results, the laboratory reports any positive urine specimen(s) to the originating agency. Certified copies of the DD Form 2624, are dispatched within 2 workdays of the initial report of positive results.

3.4. Requests for Retests. All requests for retests must be made in writing or be sent by electrical message to the laboratory where the original sample is stored. The following information is required: purpose of the retest, specimen number, laboratory accession number, SSN of the service member, and name and telephone number of a point of contact at the requesting installation. Retests are performed using the procedures determined by the commander of the DTL where the original sample is stored. The AFDL, an Army DTL, or a contract laboratory will retest specimens:

3.4.1. On request of the submitting command.

3.4.2. On request of an administrative board under rules applicable to the board.

3.4.3. On order of a court-martial under rules applicable to the court-martial.

3.4.4. On request by a service member at an independent laboratory of his or her choice, provided there is sufficient specimen remaining and the service member bears the expense of the retest.

3.4.4.1. Any request for a retest by a service member of a sample analyzed at the AFDL or an Army DTL must be made in writing or sent by electrical message to the laboratory where the original sample is stored. The request must contain the same information required above. The request is provided to the commander initiating disciplinary or administrative action and to the commander's staff judge advocate.

3.4.4.2. The service member must also have the laboratory where he or she wishes the sample analyzed send written confirmation to AFDL that the service member has contacted the laboratory and contracted to have the sample tested there.

3.4.5. Once the AFDL has received the request and written confirmation, a portion of the service member's sample is shipped under chain of custody via first class mail to the designated laboratory. If a requester asks for another form of shipment, the requester must bear the cost. The location of a retest, except for independent retests at the request of a service member, is at the discretion of the DTL where the original specimen is stored.

Section D—Chain of Custody in the Field

4. Chain of Custody for Collecting and Transporting Urine Specimens. Collect urine specimens UNDER DIRECT SUPERVISION. Set up collection procedures that identify the member or accession applicant submitting the urine specimen, and eliminate specimens of uncertain origin or insufficient quantity (less than 30 milliliters). Maintain accession applicant, Reserve and active component documentation, e.g., ledgers, DD Form 2624, separately. Use these procedures in collecting urine specimens:

4.1. Official Direction. An appropriate official, as described in paragraph 2.5, directs that a urine test be conducted and identifies the service members to be tested.

4.2. Required Specimen Bottle Information. Medical urine testing program monitor ensures that urine specimen bottles have a gummed label adhered to the body of the bottle with the following information legibly annotated:

4.2.1. Collection month, day, year.

4.2.2. Base accession number, ensuring the proper prefix correctly identifies the status of the member (e.g., F-Air Force active duty).

4.2.3. All digits of submitting member's social security number.

4.2.4. The member's initials and date, thereby certifying the authenticity and purity of the specimen, the correctness of the SSN, and the witnessing of application of the tamper resistant tape.

4.2.5. The observer's initials and the date of observation.

4.3. Required Ledger Information. The medical urine testing program monitor maintains the urinalysis ledger. The ledger documents each member submitting a urine specimen with the following identifying information:

4.3.1. Month, day, year.

4.3.2. Specimen number.

4.3.3. All digits of member's social security number.

4.3.4. Member's rank.

4.3.5. Signature and printed name of member.

4.3.6. Signature and printed name of observer.

★4.4. Drug Testing Program Administrative Manager or Designee.

4.4.1. Distributes urine specimen bottle to member after checking valid military identification card or civilian photo identification. The member verifies identifying information in paragraphs 4.2 and 4.3 by initialing the bottle label and signing the ledger.

★4.4.2. Designates a credible observer for each scheduled collection, who is the same sex as the member, who is an NCO or above, who is a person not providing a specimen for analysis at that collection time, and who will be available for all inspection testing, random testing, and unit sweeps during the designated collection schedule. The observer:

4.4.2.1. Signs and prints in ledger.

4.4.2.2. Ensures that the specimen provided is not contaminated or altered in any way by directly observing the member urinate into the specimen bottle and place the lid on the bottle. Ensures that the bottle is not reopened by the member. (Optional use of the individually packaged sterile screw top specimen container cup, 4 1/2 oz, NSN 6530-00-837-7472 or NSN 650-01-048-0855 is authorized for collecting urine specimens for drug analysis. However, do not ship a specimen to the DTL in this container cup. Immediately after collection in this wider mouth sterile cup, the person providing the specimen must, under direct supervision pour the urine into the currently approved urine specimen bottle and put the bottle top on tightly, to preclude alteration, contamination, or a break in the chain of custody.)

4.4.2.3. Initials and dates the bottle label.

★4.4.3. Receives urine specimen bottle from member, checks for adulteration, and ensures the urine volume is 30 mL or more. Includes any unusual findings resulting from the inspection on the chain of custody form. If contamination or adulteration of a military member's sample is suspected, measures the specimen's temperature. If there is inadequate volume and the member is unable to immediately supply the needed quantity, discards the specimen bottle and notifies the person's commander, supervisor or commander's designee and normally ensures that the member is retained in the collection facility until a 30 mL volume of urine can be produced at one time. Any new specimen bottle must contain the information above, with the ledger properly annotated. Ensures that, in the presence of the person providing the sample, tamper-resistant tape is applied to extend from approximately halfway down and over the gummed label (paragraph 4.2), not obliterating any identifying information, across the bottle cap, and to an approximate midpoint on the other side of the specimen bottle. Place the specimen bottle(s) in a specimen box for shipment to the drug testing laboratory. If the tamper-resistant tape is broken, tamper-resistant tape is reapplied, DD Form 2624 annotated, and a letter describing why and by whom the tape was initially broken attached to the form.

4.4.4. Fills out, signs, and dates an DD Form 2624 for the box or mailer, being sure to list by batch, specimen, and social security number all specimens contained in the box.

- 4.4.5. Seals all sides, edges, and flaps of specimen box with adhesive tape, and signs his or her payroll signature and date across the tape on the top and bottom of each box or mailer.
- 4.4.6. Affixes an envelope to the applicable sealed box, and places the original completed DD Form 2624 (listing all digits of member's social security number in the appropriate block) inside the envelope, leaving the envelope unsealed so the individual at the collection point can sign receiving the box or mailer.
- 4.4.7. Secures box, ensuring it is not opened or tampered with in any way, and within 24 hours transports box to the base urine testing program monitor or designee at the installation collection point.
- 4.4.8. Signs, dates, and annotates the DD Form 2624 releasing specimens to the medical urine testing program monitor or designee, who signs and dates the DD Form 2624 verifying receipt of same.
- ★4.5. Acceptable Modes of Transportation. Drug testing program administrative manager or designee at the collection point secures the box, ensuring it is not opened or tampered with in any way, and ensures the samples are mailed within 2 duty days of receipt by the base laboratory, using one of the following transportation modes:
 - 4.5.1. US Postal service, via registered mail for all specimens taken under probable cause. All others may be sent via first class mail.
 - 4.5.2. Hand carried via air or surface transportation.
 - 4.5.3. Military Airlift Command transportation system.
 - 4.5.4. US Flag commercial air freight, air express, air freight forwarder.
 - 4.5.5. Foreign flag air carrier, when none of the above can satisfy the movement requirement.
- ★4.6. Specimen Release for Transportation. Before packaging the shipment of specimens, drug testing program administrative manager or designee signs, dates, and annotates each DD Form 2624 releasing each box or mailer to the authorized mode of transportation.
- ★4.7. Specimen Packing Requirements. The drug testing program administrative manager or designee, prepares boxes to be shipped by wrapping the boxes with mailing paper, ensuring that the DD Form 2624 remains inside the envelope affixed to each specimen box, and plainly marking the outside of the package "Chain of Custody" to alert the drug testing laboratory that chain of custody specimens are in the package. Unless first class mail is used, enters the priority on DD Form 1384, Transportation Control and Movement Document, or AF Form 12, **Accountable Container Receipt**, or in the "Description of Contents" block on the US Government bill of lading.

Section E—Chain of Custody Within the Drug Testing Laboratory

5. Drug Testing Laboratory Chain of Custody Procedures.

- 5.1. Chain of Custody Requirements During Analysis. The drug laboratory command establishes written internal chain of custody procedures, to include intra-laboratory chain of custody documents (ICCD).
- 5.1.1. The drug testing laboratory receives the chain of custody shipment of specimens.
- 5.1.2. The individual designated by the laboratory commander:
 - 5.1.2.1. Visually inspects each specimen box to determine if the seals on the sides, edges, and flaps appear to have been opened or tampered with while in transit. The individual inspecting the specimen box then opens the outer wrappings, locates the DD Form 2624, signs and dates the DD Form 2624, annotates the mode of transportation by which the specimens were received at the laboratory, and describes the condition of the seals on the shipping package in the "remarks" block of DD Form 2624.
 - 5.1.2.2. Opens the sealed box or mailer and inventories the bottles to ensure specimen integrity. If the bottles are sealed with tamper-resistant tape, inspects the tape to determine if it is intact. If the tape on a bottle is broken on receipt, the sample is not tested unless the discrepancy is explained as required in paragraph 4.4.3. A notation is made on the DD Form 2624 to identify those bottles that arrived at the laboratory with the tamper-resistant tape broken. Also, inspects each bottle to ensure that it contains a minimum of 30 mL of urine, and is not adulterated. Any bottle that contains less than 30 mL of urine, that appears to contain an adulterated specimen, or that has any major discrepancy in the chain of custody is not tested. Annotates DD Form 2624 to reflect the discrepancy, and sends a discrepancy letter (figure 1) to the submitting medical urine testing program monitor.
 - 5.1.2.3. Asks the laboratory legal advisor to determine disposition if there is a question regarding chain of custody or integrity of the specimen.
 - 5.1.2.4. Assigns laboratory specimen accession numbers, and labels each original specimen bottle and the cap of the bottle to ensure proper identification.
 - 5.1.2.5. Keeps original specimen bottles secured in a controlled access area at all times until destruction is authorized.
 - 5.1.2.6. Prepares portions (aliquots) of each specimen for initial testing and, if necessary, confirmation testing, and maintains chain of custody on aliquots using appropriate ICCDs.
 - 5.1.2.7. Destroys specimens identified as negative by either initial or confirmation testing for all drug classes requested.
- NOTE:** Until specimen analysis is completed, laboratory personnel processing the specimen or the aliquot taken from it will ensure that the appropriate chain of custody document is properly signed, dated, and annotated when the sample is received

or released during analysis. The individual maintaining custody of the sample or aliquot must safeguard the sample or aliquot at all times.

5.2. Laboratory Chain of Custody Requirements After Analysis. After specimen analysis is completed, the individual designated by the laboratory commander:

5.2.1. Certifies the results on the DD Form 2624 and reports results to the originating agency.

5.2.2. Reports as negative any specimen that fails to meet or exceed the currently accepted DoD minimum concentration for determination as positive for a drug on either the initial or confirmatory test.

5.2.3. Ensures, for specimens confirmed positive, that all results of testing conducted in the laboratory, including applicable printouts, tracings and chain of custody documents, remain on file in the drug laboratory.

5.2.4. Stores specimens confirmed positive in a frozen state in a secure area.

5.2.4.1. Keeps a military member's frozen specimen and that of a military accession applicant for 180 calendar days, at the end of which time it is destroyed unless the originating agency has requested that it be retained. If the originating agency requests retention for a longer period, keeps the specimen for that period. At the end of this additional retention period, destroys the specimen unless the originating agency requests that the specimen be kept for a longer specified period. When this occurs, the agency will advise the laboratory every 60 calendar days of the need for further retention beyond the additional 180 day period. The local staff judge advocate notifies the drug testing laboratory when further retention of the specimen is not necessary.

5.2.4.2. The individual who destroys a stored sample annotates, signs, and dates the appropriate ICCD.

Section F—Geographical Areas of Responsibility

★6. Geographical Areas of Testing. The Air Force Drug Testing Laboratory supports all Air Force CONUS installations and those Army and other units or agencies designated by the Air Force Demand Reduction Program Manager.

Section G—Review of Test Positives by Medical Review Officer

7. Medical Review Officer Responsibilities for Positive Active Duty Specimens. A medical review officer will assist commanders in substantiating drug abuse. Medical review officers should document the potential factor, if the member's positive drug test could be caused by prescribed medication or other factors other than illegal substance abuse.

Section H—Chain of Custody Supplies

★8. Required Supplies for Chain of Custody. Supplies to be used in conjunction with the Air Force Drug Abuse Testing Program are as Follows:

8.1. Book Memorandum of Record, ruled, 14 x 18 1/2 inches, not indexed, NSN 7530-00-286-8363. The MAJCOM/SG may approve ledger forms to be substituted for or to supplement this hard-cover book as long as they include the required information.

8.2. Bottle, urine specimen, shipping 120S, NSN 6640-00-165-5778 (standard mouth); NSN 6530-00-837-742 or NSN 6530-01-048-0855 (wide mouth).

8.3. Envelope, mailing, plain white, 4-1/8 x 9-1/2 inches, NSN 7530-00-286-6970.

8.4. Label, pressure sensitive, NSN 7530-00-082-2662.

8.5. Paper, craft untreated, wrapping, NSN 8135-00-290-3407 (24 inches); NSN 8135-00-160-7764 (36 inches).

8.6. Tape, gummed, kraft, 3 inches wide medium weight, NSN 8135-00-270-8717.

8.7. Tape, gummed packaging, 3 inches wide, NSN 8135-00-598-6097.

8.8. Tape, tamper resistant, NSN 6640-01-204-2654.

Figure 1. Example of A Discrepancy Memorandum Before Transmission.

MEMORANDUM FOR: Facility Commander

FROM: FDC

SUBJ: Specimen Discrepancy: Batch _____ Specimens _____ LAN _____ -
ACTION MEMORANDUM

The following discrepancies were noted when processing urine samples from your facility:

1. _____ No DD Form 2624 accompanied the specimens. (Specimens not tested).

(Code N-1890)

2. _____ Incomplete SSAN or no SSAN on bottle. (Specimen not tested).

(Code: ISSN)

3. _____ Volume of urine is less than 30 mL. Bottle contained approximately ____ mL.

(Specimen not tested) (Code: QNS)

4. _____ SSN on bottle label does not match SSAN on DD Form 2624 (Specimen tested/Specimen not tested) (Code: LSSN)

5. _____ Base Specimen number on bottle does not match base specimen number on

DD Form 2624 (Specimen tested/Specimen not tested.) (Code: LBAN)

6. _____ Signatures on DD Form 2624 missing. (Specimen not tested)

(Code: NCOC).

7. _____ No observer's initials on bottle. (Specimen not tested) (Code: UFT)

8. _____ Tamper-resistant tape seal on bottle broken when bottle received or tamper-

resistant tape seal not applied IAW AFI 44-120 (Specimen not tested). (Code: TTB)

9. _____ Incomplete entries on front side of DD Form 2624 la, b, c, d IAW AFI 44-120. (Specimen tested/Specimen not tested) (Code: NEFS)

10. _____ Specimen sent as PC. It will be held for 45 calendar days pending your

written request for disposition (destruction forwarding to laboratory of your choice).

Specific error: _____.

Suspense date to destroy _____.

11. _____

(Code: OTHER)

Signature Block

Section I—Drug Abuse Testing Report Requirements (RCS: DD-RA(SA)1798, DoD Alcohol and Drug Abuse Prevention Program)

★9. US Air Force Drug Testing Metrics.

★9.1. Each Demand Reduction Program Manager will use appropriate metrics to monitor performance of the civilian and military drug testing programs. At a minimum, a subset of these metrics shall be provided to the appropriate installation or wing commander quarterly. Data for metrics in 9.2.1.5. through 9.2.1.7 will be provided to the base-level manager by MAJCOM program managers from data provided by the Air Force Drug Testing Laboratory.

★9.2. Program quarterly performance metrics shall include:

★9.2.1. For each of two categories of drug testing: (a) civilians tested randomly and (b) military members tested randomly, to include unit sweeps.

★9.2.1.1. Number of testing days.

★9.2.1.2. Number selected for testing.

★9.2.1.3. Percent of those selected that were tested; percent of those selected that were not tested (no-shows, TDY, leave, etc.).

★9.2.1.4. Percent tested within 2 hours of notification.

★9.2.1.5. Percent untestable.

★9.2.1.6. Percent positive; all drug categories.

★9.2.1.7. Percent positive; by individual drug category.

★9.2.2. For each of the two categories (a) civilians tested for suspicion and (b) military members tested for suspicion:

★9.2.2.1. Number tested.

★9.2.2.2. Percent positive; all drugs.

★9.2.2.3. Percent positive, by individual drug.

9.3. Forms Prescribed. AF Form 12, **Accountable Container Receipt**.

DD Form 1384, **Transportation Control and Movement Document**.

DD Form 2624, **Specimen Custody Document-Drug Testing**.

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GLOSSARY OF REFERENCES, ABBREVIATIONS, ACRONYMS, AND TERMS

References

AFPD 44-1, *Medical Operations*
DODD Directive 1010.1, *Drug Abuse Testing Program*
Public Law 91-513
Public Law 92-129
Public Law 92-255
Title 5, U.S.C.-501
Title 10, USC-8013
Title 21, USC, Chapters 13 and 16
AFI 36-2701, Social Actions Program

★Abbreviations and Acronyms

AFDTL—Air Force Drug Testing Laboratory
CONUS—Continental United States
DOD—Department of Defense
DTL—Drug Testing Laboratory
DTPAM—Drug Testing Program Administrative Manager
GC/MS—Gas Chromatography/Mass Spectrometry
HA—Health Affairs
HQ USAF—Headquarters, United States Air Force
IA—Immunoassay
ICCD—Internal Chain of Custody Requirements
JA—Judge Advocate
MAJCOM—Major Command
MRO—Medical Review Officer
NCO—Non-Commissioned Officer
OCR—Office of Collateral Responsibility
OPR—Office of Primary Responsibility

Terms

Accession Applicant Testing—Test all applicants for appointment in the Active and Reserve Components, enlistment in the regular Armed Forces, enlistment in the Reserve or federally recognized units of the National Guard, re-enlistment in the Active or Reserve Components or National Guard after a period of more than 6 months from date of discharge, and applicants for the Armed Forces Academies and Scholarship or Advanced Course Reserve Officers' Training Corps. When separate instructions exist for the accession testing program, providing different requirements and/or procedures than this instruction, the separate instruction will control.

★Commander-Directed Testing—A commander-directed examination includes testing a specified member incident to a mishap or safety investigation, in conjunction with the member's participation in a DoD drug treatment and rehabilitation program, to determine a member's fitness for duty or to ascertain whether a member requires counseling, treatment or rehabilitation for drug abuse.

★Consent Testing—Drug testing conducted when the member voluntarily consents to provide a sample for drug testing. Consent is not valid if it is mere acquiescence to authority. See Military Rule of Evidence 314(e). While not required, it is best to obtain the member's consent in writing.

★Credible Observers—Individuals whose personal integrity is such that commanders and supervisors judge them to be credible witnesses if called on to testify regarding the collection of the urine specimens. Persons with documented instances of offenses or conduct which go to their honesty or integrity are not qualified to be credible observers.

★Demand Reduction Program Manager—Person responsible for oversight of civilian and military drug education, prevention, and treatment programs.

Drug Testing Program Administrative Manager (DTPAM)—A person appointed by the Director of Base Medical Service (DBMS) to administer the drug abuse testing program.

★**Inspection Testing**—In general, an inspection is an examination conducted as an incident of command, the primary purpose of which is to determine and insure the security, military fitness, or good order and discipline of the unit, organization, or installation. In this regard, the inspection testing is used as a screening procedure to deter drug abuse. The individuals are selected at random using a non-biased selection process. Commanders may also select work sections, units, or segments of the military population to provide urine samples. The commander directing the inspection should coordinate with the Demand Reduction Program manager who ensures through the major command that the servicing laboratory can accomplish the associated workload in a reasonable period of time.

★**Positive Urine Specimen**—Any specimen the drug testing laboratory (DTL) reports on DD Form 2624, **Specimen Custody Document-Drug Testing**, as containing one or more drugs.

★**Probable Cause**—Probable cause exists when there is a reasonable belief that drugs will be found in the system of the member to be tested. See Military Rule of Evidence 315(f) and consult with the Staff Judge Advocate regarding procedures for determining whether there is probable cause.

★**Rehabilitation Urine Testing**—Rehabilitation testing is a form of command-directed testing. A member in drug rehabilitation will be urine tested once a month on a no-notice basis. Report the first testing of a self-identified member in this category. The unit commander may discontinue rehabilitation urine testing once a court-martial or separation action is initiated on a member in rehabilitation.